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CONFIRMATION NO. 8712

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/784,336 | 02/23/2004 | 210 | 3761 | 47168-00158USD1 | | |
| APPLICANTS Glen E. Jorgensen, Marlboro, MA; Bruce Berckmans III, Palm Beach Gardens, FL; ** CONTINUING DATA ***** This application is a DIV of 09/611,681 07/07/2000 PAT 6,716,187 which claims benefit of 60/142,886 07/08/1999 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/15/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /GINGER T CHAPMAN/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY MA | SHEETS DRAWINGS 3 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 2 |
| ADDRESS NIXON PEABODY LLP 161 N. CLARK STREET 48TH FLOOR CHICAGO, IL 60601-3213 UNITED STATES | | | | | | |
| TITLE Platelet concentration syringe kit | | | | | | |
| FILING FEE RECEIVED 1260 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |